



County of Kings - Department of Public Health

Environmental Health Services Division

330 Campus Drive Hanford, CA 93230

Phone - 559-584-1411 Fax - 559-584-6040

Internet - www.countyofkings.com/health/ehs

FOOD SAFETY EVALUATION REPORT

FACILITY NAME: ADVENTIST MEDICAL CENTER	BUSINESS PHONE: (559) 537-1753	RECORD ID#: PR0008612	DATE: March 28, 2012
FACILITY SITE ADDRESS: 115 MALL DR	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: ADVENTIST HEALTH	CERTIFIED FOOD HANDLER: LAURIE FEDERICO	EXP DATE: 2/12/2013	INSPECTOR: Luis Flores

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation. One reinspection will be conducted (if needed) at no charge. A service fee is assessed for each additional reinspection required.

Violation: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: The handwash sink located in the equipment/utensil wash area does not provide hot water after allowing to run for any time period. Have maintenance check and repair. Of note, this handwash sink is not generally used by cookline staff as it is remotely located and is utilized by scullery area staff. All other handwash sinks were properly functioning and maintained.

General Comments:

All hot and cold food temperatures monitored met State Food Code requirements. The facility performs twice a day food temperature monitoring. Re-usable equipment is properly sanitized and required sanitizing levels are confirmed via daily monitoring and recording. The facility was observed to be in excellent operational condition. The food handling practice maintained by staff is exceptional.

RESULTS OF EVALUATION: <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> Reinspection Date (on or after): N/A <input checked="" type="checkbox"/> Potential Food Safety All Star:
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Laurie A. Federico

Received By:

Luis Flores

Agency Representative

NOTE: This report must be made available to the public on request



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: ADVENTIST MEDICAL CENTER	BUSINESS PHONE: (559) 537-1750	RECORD ID#: PR0008612	DATE: July 13, 2011
FACILITY SITE ADDRESS: 115 MALL DR	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: ADVENTIST HEALTH	CERTIFIED FOOD HANDLER: LAURIE FEDERICO	EXP DATE: 2/12/2013	INSPECTOR: Susan Lee-Yang - REHS

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation. One reinspection will be conducted (if needed) at no charge. A service fee is assessed for each additional reinspection required.

Violation: None Noted

General Comments:

All hand wash stations were had hot water, soap, and paper towels.

All cold hold units were satisfactory.

Eggs and sausage on the steam table were noted above 135°F.

Rial rinse for dishwasher was noted at 186°F.

Observed all temperature and equipment logs up-to-date.

Facility is clean and well maintained.

RESULTS OF EVALUATION: <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> Reinspection Date (on or after): <u> N/A </u> <input checked="" type="checkbox"/> Potential Food Safety All Star:
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Laurie A. Federico

Susan Lee-Yang - REHS

Received By: _____

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: ADVENTIST MEDICAL CENTER	BUSINESS PHONE: (559) 537-1750	RECORD ID#: PR0008612	DATE: November 22, 2010
FACILITY SITE ADDRESS: 115 MALL DR	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: CONSTRUCTION/EQUIPMENT INSF
OWNER NAME: ADVENTIST HEALTH	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Liliana Stransky - REHS

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation.
 One reinspection will be conducted (if needed) at no charge. A service fee is assessed for each additional reinspection required.

Violation: None Noted


General Comments:

A pre-opening inspection was conducted for the new kitchen facility. The following observations were made:

- 1) All refrigeration units were observed at or below 41F, and thermometers were present at each unit.
- 2) Although the hot holding units (steam tables, cooking range etc.) were not observed "on," these have been tested by the staff for functionality and will be monitored daily for proper holding of potentially hazardous foods.
- 3) All handwashing stations were observed with permanent soap and paper towel dispensers. Hot water was also available at each station.
- 4) All the equipment in the kitchen was observed sanitary and properly installed with the following exception: the drain line for the 3 compartment dishwashing sink was observed directly plumbed. Indirect plumbing for the 3 compartment sink is required and will be installed on 11-24-10.
- 5) All cooking staff are currently food safety certified.
- 6) The food vending permit application has been completed and submitted to the Department.

The facility is authorized to operate. A copy of this inspection report has been given to the operator.

RESULTS OF EVALUATION: <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	Reinspection Date (on or after): <u> N/A </u> <input type="checkbox"/> Potential Food Safety All Star:


 Received By: REBECCA GOODSTEIN

Liliana Stransky - REHS
 Agency Representative

NOTE: This report must be made available to the public on request